

Substitute for form 1449A&B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/692,342
				Filing Date	October 22, 2003
				First Named Inventor	Ogasawara, Kenji
				Art Unit	2627
				Examiner Name	OLSON, JASON C
Sheet	1	of	1	Attorney Docket Number	16869Q-092900US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
/JO/	1	JP	63-087664		04-18-1988	Brother Ind Ltd	Abstract Only	<input type="checkbox"/>
/JO/	2	JP	06-005008		01-14-1994	NEC Ibaraki Ltd	Abstract Only	<input type="checkbox"/>
/JO/	3	JP	2002-023965		01-25-2002	Sanyo Electric Co Ltd	Abstract Only	<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
			<input type="checkbox"/>

Examiner Signature	/Jason Olson/	Date Considered	07/17/2007
-----------------------	---------------	--------------------	------------

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.